

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

WOMEN SPEAK OUT PAC

ADDRESS (number and street)

2800 Shirlington Rd

Suite 1200

Check if different
than previously
reported. (ACC)

Arlington

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00530766

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☒ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M / D D / Y Y Y Y Y Y
09 01 2021

through

M M / D D / Y Y Y Y Y Y
09 30 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Gross, Jennifer, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
11 20 2021

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		01		2021

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2021

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2021</td></tr></table>	Y	Y	Y	Y	Y	2021						<table><tr><td colspan="5">72764.90</td></tr></table>	72764.90				
Y	Y	Y	Y	Y													
2021																	
72764.90																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">6028.79</td></tr></table>	6028.79															
6028.79																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">12999.00</td></tr></table>	12999.00					<table><tr><td colspan="5">265060.75</td></tr></table>	265060.75									
12999.00																	
265060.75																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">19027.79</td></tr></table>	19027.79					<table><tr><td colspan="5">337825.65</td></tr></table>	337825.65									
19027.79																	
337825.65																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">16234.09</td></tr></table>	16234.09					<table><tr><td colspan="5">335031.95</td></tr></table>	335031.95									
16234.09																	
335031.95																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">2793.70</td></tr></table>	2793.70					<table><tr><td colspan="5">2793.70</td></tr></table>	2793.70									
2793.70																	
2793.70																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">183131.18</td></tr></table>	183131.18															
183131.18																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

WOMEN SPEAK OUT PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		01		2021

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2021

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

12999.00

189022.91

(ii) Unitemized

0.00

32322.09

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

12999.00

221345.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

12999.00

221345.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

43715.75

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))

12999.00

265060.75

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

12999.00

265060.75

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	- 14921.47	303446.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	- 14921.47	303446.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	31155.56	31155.56
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	430.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	430.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16234.09	335031.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16234.09	335031.95

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12999.00	221345.00
34. Total Contribution Refunds (from Line 28(d))	0.00	430.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12999.00	220915.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	- 14921.47	303446.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	43715.75
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 14921.47	259730.64

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 149

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Bissonnette, Lisa, , ,

Mailing Address 125 Harrington Street

City
Meriden

State
CT

Zip Code
06451-5220

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Sandoval Veterinary Hospital

Occupation (for Individual)
Veterinary Technician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2021

Transaction ID : SA11AI.41864

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Borchert, Steven, , ,

Mailing Address 1706 Whitby Avenue

City
Portage

State
MI

Zip Code
49024-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2021

Transaction ID : SA11AI.41865

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Curtis, Christina, , ,

Mailing Address P.O. Box 248

City
Chloride

State
AZ

Zip Code
86431-0248

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2021

Transaction ID : SA11AI.41867

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Czok, Rev. Robert, W., ,

Mailing Address 7200 Douglaston

City
Douglaston

State
NY

Zip Code
11362

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Reverend

Occupation (for Individual)
St. Anthony Church

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI.41868

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. DiLeo, Melanie, , ,

Mailing Address 963 Main Street

City
Winchester

State
MA

Zip Code
01890-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 27 / 2021

Transaction ID : SA11AI.41869

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Dobrzanski, Frank, , ,

Mailing Address 5304 Sapphire Springs Drive

City
Knightsdale

State
NC

Zip Code
27545-7585

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Expedient Resource Services

Occupation (for Individual)
Principal

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2021

Transaction ID : SA11AI.41870

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1155.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 149

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Endres, Stephen, , ,

Mailing Address 105 Charmuth Road

City
Lutherville

State
MD

Zip Code
21093-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emory Hill

Occupation (for Individual)

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 09 / 2021

Transaction ID : SA11AI.41871

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ford, Sharon, , ,

Mailing Address 130 Doctor Michael Debakey Drive

City
Lake Charles

State
LA

Zip Code
70601-5951

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Home Furniture Co.

Occupation (for Individual)

Sales Rep

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

54.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2021

Transaction ID : SA11AI.41872

Amount of Each Receipt this Period

6.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Golder, Karen, , ,

Mailing Address 95 Park Street

City
Essex Junction

State
VT

Zip Code
05452-4124

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Small Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

27.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 28 / 2021

Transaction ID : SA11AI.41873

Amount of Each Receipt this Period

3.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

44.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hegeman, Carmen, B., ,

Mailing Address 809 La Cruz Drive

City
El PasoState
TXZip Code
79902-1720FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 11 / 2021

Transaction ID : SA11AI.41874

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Jean, Jacqueline, , ,

Mailing Address 3580 Westwood Drive

City
EastonState
PAZip Code
18045-3030FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2021

Transaction ID : SA11AI.41875

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Koon, Edward, , ,

Mailing Address 4381 Leonard Street

City
CoopersvilleState
MIZip Code
49404-9610FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

information requested per best efforts

Occupation (for Individual)

information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

315.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 19 / 2021

Transaction ID : SA11AI.41876

Amount of Each Receipt this Period

35.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

185.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 149

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Leblanc, Lydia, , ,

Mailing Address P.O. Box 53645

City
Lafayette

State
LA

Zip Code
70505-3645

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81.00

Date of Receipt

09 / 25 / 2021

Transaction ID : SA11AI.41877

Amount of Each Receipt this Period

9.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. lehner, joseph, , ,

Mailing Address 2330 west 60th st

City
Indianapolis

State
IN

Zip Code
46228-1150

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18.00

Date of Receipt

09 / 07 / 2021

Transaction ID : SA11AI.41878

Amount of Each Receipt this Period

2.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Leon, David, , ,

Mailing Address 1515 Jamacha Way

City
El Cajon

State
CA

Zip Code
92019-4123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

81.00

Date of Receipt

09 / 27 / 2021

Transaction ID : SA11AI.41879

Amount of Each Receipt this Period

9.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

20.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lineberger III, Adrian, , ,

Mailing Address 10217 Mahonia St Unit 204

City
Charlotte

State
NC

Zip Code
28277-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

180.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 29 / 2021

Transaction ID : SA11AI.41880

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McCloy, Shelley, , ,

Mailing Address 513 S. Lee Street

City
Garrett

State
IN

Zip Code
46738-1578

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-Employed

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

56.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2021

Transaction ID : SA11AI.41881

Amount of Each Receipt this Period

7.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Melby, Terry, , ,

Mailing Address 1320 7th Avenue North

City
Moorhead

State
MN

Zip Code
56560-2123

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best efforts

Occupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 26 / 2021

Transaction ID : SA11AI.41882

Amount of Each Receipt this Period

5.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

32.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 149

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Minks, Rachel, , ,

Mailing Address 17024 Barium Street Northwest

City
Andover

State
MN

Zip Code
55304-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Capstone Homes

Occupation (for Individual)
Director of Community & Culture

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2300.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 13 / 2021

Transaction ID : SA11AI.41883

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Morrison, Dorothy, , ,

Mailing Address 99 Morrison Road

City
Lillington

State
NC

Zip Code
27546-8884

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 29 / 2021

Transaction ID : SA11AI.41884

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Mungas, Carol, E., ,

Mailing Address 2088 N 164th Ave.

City
Goodyear

State
AZ

Zip Code
85395-1811

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 28 / 2021

Transaction ID : SA11AI.41886

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Reh, Thomas, , ,

Mailing Address 9850 Waterbury Drive

City
Saint Louis

State
MO

Zip Code
63124-1046

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI.41887

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schierloh, Kathryn, , ,

Mailing Address 1577 Sierra Vista Way

City
Fairborn

State
OH

Zip Code
45324-7685

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)

Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

72.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2021

Transaction ID : SA11AI.41888

Amount of Each Receipt this Period

9.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Snyder, Maryann, , ,

Mailing Address 11585 Shelborne Road

City
Carmel

State
IN

Zip Code
46032-9528

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI.41889

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6009.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 149

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Van Thorre, James, L., ,

Mailing Address 14595 W. Rockland Road Unit 328

City
Libertyville

State
IL

Zip Code
60048-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Van Thorre & Associates

Occupation (for Individual)
Accountant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2021

Transaction ID : SA11AI.41890

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wach, Jeanne, , ,

Mailing Address 459 Mountain View Road

City
Nazareth

State
PA

Zip Code
18064-9657

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Retired

Occupation (for Individual)
Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 29 / 2021

Transaction ID : SA11AI.41892

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Webber, Alan, , ,

Mailing Address PO Box 208

City
Bellflower

State
MO

Zip Code
63333-0208

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Information requested per best efforts

Occupation (for Individual)
Information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 22 / 2021

Transaction ID : SA11AI.41893

Amount of Each Receipt this Period

30.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4030.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 149

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Winchester, Carmen, , ,

Mailing Address 217 Churchill Drive

City
LafayetteState
LAZip Code
70506-6114FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
information requested per best effortsOccupation (for Individual)
information requested per best efforts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 02 / 2021

Transaction ID : SA11AI.41894

Amount of Each Receipt this Period

9.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Zedkaia, Roland, , ,

Mailing Address 1778 Sandtown Road Southwest

City
MariettaState
GAZip Code
30060-4354FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wellstar Healthcare SystemOccupation (for Individual)
Healthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 01 / 2021

Transaction ID : SA11AI.41895

Amount of Each Receipt this Period

5.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

14.00

TOTAL This Period (last page this line number only).....▶

12999.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 149

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Anedot, Inc

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	1			2	0	2	1		

Mailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit card processing fee true up

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.42255**

Amount of Each Disbursement this Period

- 45.00

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. Anedot, Inc

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				3	0		2	0	2	1		

Mailing Address 1340 Poydras Street
Suite 1770City
New OrleansState
LAZip Code
70112Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.41897**

Amount of Each Disbursement this Period

48.07

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. Intuit

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				0	2		2	0	2	1		

Mailing Address 2700 Coast Ave

City
Mountain ViewState
CAZip Code
94043Purpose of Disbursement
Bank Fee

Candidate Name

Category/
Type

FEC Identification Number

C**Transaction ID : SB21B.41896**

Amount of Each Disbursement this Period

15.95

☐ Memo Item

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►

19.02

TOTAL This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 17 OF 149

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

Full Name (Last, First, Middle Initial)

A. Namecheap.com

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2021

Mailing Address 4600 East Washington Street Suite

City
PhoenixState
AZZip Code
85034Purpose of Disbursement
Website Hosting

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.42250

Amount of Each Disbursement this Period

24.51

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. State Corporate Commission

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2021

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Accounting Fee

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.42251

Amount of Each Disbursement this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Tradewinds Consulting, Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		01		2021

Mailing Address 21850 Inglewood Ct.

City
AshburnState
VAZip Code
20148Purpose of Disbursement
Mailer Production IE- See Schedule D

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

Transaction ID : SB21B.42245

Amount of Each Disbursement this Period

- 15000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 14940.49

- 14921.47

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 18 OF 149

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.9700

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

77452.55

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

77452.55

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2017

Date Due

M M / D D / Y Y Y Y

11/30/2021

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

77452.55

TOTALS This Period (last page in this line only)..... ►

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 19 OF 149

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.13439

WOMEN SPEAK OUT PAC**LOAN SOURCE** Full Name (Last, First, Middle Initial)
Susan B Anthony List, Inc.☒ N ☐ Memo Item

Election:

☐ Primary☐ General☐ Other (specify) ▼Mailing Address 2800 Shirlington Rd
Ste 1200

City

Arlington

State

VA

ZIP Code

22206

Original Amount of Loan

10118.58

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

10118.58

TERMS

Date Incurred

M M / D D / Y Y Y Y
11 / 30 / 2018

Date Due

M M / D D / Y Y Y Y

11/30/2022

Interest Rate

0.00

% (apr)

Secured:

☐ Yes☒ No**List All Endorsers or Guarantors (if any) to Loan Source**

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

10118.58

TOTALS This Period (last page in this line only)..... ►

87571.13

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 20 OF 149

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Denton US LLPNature of Debt (Purpose):
Legal Fees

Mailing Address 1900 K Street NW

City
WashingtonState
DCZip Code
20006

Outstanding Balance Beginning This Period

33139.00

Transaction ID : SD10.39259

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

33139.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Media BridgeNature of Debt (Purpose):
Estimate digital ads

Mailing Address 11300 Astarita Ave

City
PartlowState
VAZip Code
22534

Outstanding Balance Beginning This Period

2000.00

Transaction ID : SD10.15740

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Existing Loan owed to SBAMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

10500.00

Transaction ID : SD10.4157

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10500.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

45639.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 21 OF 149

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Loan for FEC Reporting Services

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5000.00

Transaction ID : SD10.4110

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Mailings Expense

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

5204.43

Transaction ID : SD10.4318

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5204.43

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Original transactions put on SBA CC

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

8610.00

Transaction ID : SD10.6625

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

8610.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

18814.43

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 22 OF 149

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Expense put on SBA CCMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4709.73

Transaction ID : SD10.6756

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4709.73

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
To post Thrifty Car Rental Expense put on
SBA CardMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

1894.83

Transaction ID : SD10.9222

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1894.83

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.Nature of Debt (Purpose):
Non-Federal - SuppliesMailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

200.00

Transaction ID : SD10.15960

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

200.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

6804.56

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 23 OF 149

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Non-Federal - Travel

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

27.90

Transaction ID : SD10.15958

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

27.90

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Salary / Contractor Pay

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4324.16

Transaction ID : SD10.39334

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4324.16

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Legal Fees

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

4950.00

Transaction ID : SD10.41208

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4950.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

9302.06

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 24 OF 149

FOR LINE NUMBER:
(check only one)
☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

WOMEN SPEAK OUT PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Susan B Anthony List, Inc.

Nature of Debt (Purpose):

Mailer Production- Tradewinds See Schedule E

Mailing Address 2800 Shirlington Rd
Ste 1200City
ArlingtonState
VAZip Code
22206

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.41901

Amount Incurred This Period

15000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

15000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

15000.00

2) **TOTALS** This Period (last page this line number only)..... ►

95560.05

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

87571.13

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

183131.18

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
New report
Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : SE.42158 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: ALLRED, COLIN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></div> 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : SE.42159 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: AXNE, CINDY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></div> 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

11

20

2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div> Transaction ID : SE.42160 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: <input type="checkbox"/> Support AYOTTE, KELLY A, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 672.94			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ 	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div> Transaction ID : SE.42161 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support BACON, DONALD J, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NE	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ 	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 234.50
Purpose of Expenditure Printing			Category/Type 		Transaction ID : SE.42162 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: BENNET, MICHAEL F., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought			790.19		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 117.25
Purpose of Expenditure Mailer Production			Category/Type 		Transaction ID : SE.42163 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: BICE, STEPHANIE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought			302.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				351.75	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2800 Shirlington Rd			Amount <input type="text"/> 117.25 Transaction ID : SE.42164 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Arlington	State VA	Zip Code 22206	
Purpose of Expenditure Printing		Category/ Type <input type="text"/>	
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 302.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2800 Shirlington Rd			Amount <input type="text"/> 117.25 Transaction ID : SE.42165 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Arlington	State VA	Zip Code 22206	
Purpose of Expenditure Printing		Category/ Type <input type="text"/>	
Name of Federal Candidate: BOEBERT, LAUREN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 302.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 / /
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 117.25
Purpose of Expenditure Printing			Category/Type 		Transaction ID : SE.42166 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: BOURDEAUX, CAROLYN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA		
Calendar Year-To-Date Per Election for Office Sought			302.48 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 117.25
Purpose of Expenditure Printing			Category/Type 		Transaction ID : SE.42167 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: BURR, RICHARD M, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought			487.72 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				234.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2800 Shirlington Rd			Amount <input type="text"/> 117.25 Transaction ID : SE.42168 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Arlington	State VA	Zip Code 22206	
Purpose of Expenditure Printing		Category/ Type <input type="text"/>	
Name of Federal Candidate: BUSTOS, CHERI, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> 302.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2800 Shirlington Rd			Amount <input type="text"/> 117.25 Transaction ID : SE.42169 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Arlington	State VA	Zip Code 22206	
Purpose of Expenditure Printing		Category/ Type <input type="text"/>	
Name of Federal Candidate: CARTER, JOHN R. REP., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> 302.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 / /
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 31 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42170 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: CARTWRIGHT, MATTHEW A., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>				

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42171 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: CASTEN, SEAN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 234.50 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type	Transaction ID : SE.42172 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NV</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 604.96 </div>				

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type	Transaction ID : SE.42173 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
Name of Federal Candidate: CRAIG, ANGELA DAWN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 302.48 </div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	351.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 33 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42174 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	Name of Federal Candidate: <input type="checkbox"/> Support CRIST, CHARLIE JOSEPH, , , <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42175 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	Name of Federal Candidate: <input type="checkbox"/> Support DAVIDS, SHARICE, , , <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
New report
Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : SE.42176 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: DEFAZIO, PETER A, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 302.48 </div>				

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : SE.42177 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: DELGADO, ANTONIO, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>19</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 302.48 </div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 234.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 20 / 2021</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">117.25</div> Transaction ID : SE.42178 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 30 / 2021</div> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: FISCHBACH, MICHELLE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: MN	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 20 / 2021</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">117.25</div> Transaction ID : SE.42179 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y Y Y</div> <div>09 / 30 / 2021</div> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: FLETCHER, ELIZABETH, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: TX	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 36 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42180 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GARAMENDI, JOHN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42181 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GARBARINO, ANDREW, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">234.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 37 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
New report
Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	Transaction ID : SE.42182 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: GARCIA, MICHAEL, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 25 State: CA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 302.48 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>	Transaction ID : SE.42183 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: GIMENEZ, CARLOS, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 26 State: FL	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 302.48 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 117.25 </div> Transaction ID : SE.42185 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: <input type="checkbox"/> Support GOLDEN, JARED, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 117.25 </div> Transaction ID : SE.42186 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support GONZALES, ERNEST ANTHONY TONY, , , II <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 234.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42187 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	
Name of Federal Candidate: GONZALEZ, VICENTE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42188 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	
Name of Federal Candidate: GOOD, ROBERT G., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

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Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42189 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: GOTTHEIMER, JOSH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">351.75</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42190 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: GRASSLEY, CHARLES E, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">907.44</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">907.44</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	469.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 234.50
Purpose of Expenditure Printing			Category/Type 		Transaction ID : SE.42191 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 907.44			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 117.25
Purpose of Expenditure Printing			Category/Type 		Transaction ID : SE.42192 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: HERRELL, STELLA YVETTE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 302.48			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				351.75	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 42 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
New report
Amends report filed on

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D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>				
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Arlington</td> <td style="border-bottom: 1px solid black;">VA</td> <td style="border-bottom: 1px solid black;">22206</td> </tr> </table>		City			State	Zip Code	Arlington
City	State	Zip Code					
Arlington	VA	22206					
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></div>	Transaction ID : SE.42193 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>				
Name of Federal Candidate: ARENHOLZ, ASHLEY HINSON, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>				
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div> 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶				

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>				
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">City</td> <td style="width: 33%; border-bottom: 1px solid black;">State</td> <td style="width: 33%; border-bottom: 1px solid black;">Zip Code</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Arlington</td> <td style="border-bottom: 1px solid black;">VA</td> <td style="border-bottom: 1px solid black;">22206</td> </tr> </table>		City			State	Zip Code	Arlington
City	State	Zip Code					
Arlington	VA	22206					
Purpose of Expenditure Printing		Category/Type <div style="border: 1px solid black; display: inline-block; width: 50px; height: 20px;"></div>	Transaction ID : SE.42194 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>				
Name of Federal Candidate: HORSFORD, STEVEN ALEXZANDER, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>04</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NV</u>				
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; display: inline-block; width: 150px; height: 20px;"></div> 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶				

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 234.50 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 43 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee The Lukens Company			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 2800 Shirlington Rd			Amount 117.25		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42195		
Purpose of Expenditure Printing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2021		
Name of Federal Candidate: HUDSON, RICHARD L. JR., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 08 State: NC		
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Lukens Company			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 2800 Shirlington Rd			Amount 351.75		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42196		
Purpose of Expenditure Printing		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 30 / 2021		
Name of Federal Candidate: JOHNSON, RON HAROLD MR., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: 00 State: WI		
Calendar Year-To-Date Per Election for Office Sought 907.44			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			469.00		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date MM / DD / YYYY 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 44 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">586.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42197 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> <div> Name of Federal Candidate: KELLY, MARK, , , </div> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">2068.10</div>	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42198 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-between;"> <div> Name of Federal Candidate: KIM, YOUNG, , , </div> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> </div>	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	Office Sought: <input checked="" type="checkbox"/> House District: 39 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">703.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 45 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

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Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42199 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: KIND, RONALD JAMES, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42200 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: LAMB, CONOR, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">234.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 46 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 117.25
Purpose of Expenditure Printing			Category/Type 		Transaction ID : SE.42201 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: LAXALT, ADAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: CO		
Calendar Year-To-Date Per Election for Office Sought			907.44 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 117.25
Purpose of Expenditure Printing			Category/Type 		Transaction ID : SE.42202 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: LEE, SUSIE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: 03 State: NV		
Calendar Year-To-Date Per Election for Office Sought			302.48 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				234.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 47 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
New report
Amends report filed on

M M /

D D /

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Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : SE.42203 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: LEVIN, MIKE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></div> 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd				
City Arlington	State VA	Zip Code 22206	Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : SE.42204 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: LURIA, ELAINE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></div> 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 48 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
New report
Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : SE.42205 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: MACE, NANCY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></div> 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : SE.42206 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: MALINOWSKI, TOM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></div> 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

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Gross, Jennifer, , ,

[Electronically Filed]

Date

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2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42207 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>		
Name of Federal Candidate: MALLIOTAKIS, NICOLE, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶					
Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">234.50</div>		
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42208 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>		
Name of Federal Candidate: MANCHIN III, JOE, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WV</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">604.96</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">351.75</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M M</div> / <div style="border: 1px solid black; padding: 2px;">D D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 50 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 117.25
Purpose of Expenditure Printing			Category/Type 		Transaction ID : SE.42209 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought			2185.35		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		Amount 117.25
Purpose of Expenditure Printing			Category/Type 		Transaction ID : SE.42210 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 30 / 2021
Name of Federal Candidate: MILLER-MEEKS, MARIANNETTE JANE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought			302.48		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				234.50	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 51 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42211 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	
Name of Federal Candidate: MURPHY, STEPHANIE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42212 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	
Name of Federal Candidate: NEHLS, TROY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 52 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42213 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; width: 100px;"></div>	
Name of Federal Candidate: O'HALLERAN, TOM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>				

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42214 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; width: 100px;"></div>	
Name of Federal Candidate: OWENS, BURGESS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 53 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2800 Shirlington Rd			Amount <input type="text"/> 117.25 Transaction ID : SE.42215 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Arlington	State VA	Zip Code 22206	
Purpose of Expenditure Printing		Category/ Type <input type="text"/>	
Name of Federal Candidate: PAPPAS, CHRIS, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> 302.48	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee The Lukens Company <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 2800 Shirlington Rd			Amount <input type="text"/> 234.50 Transaction ID : SE.42216 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
City Arlington	State VA	Zip Code 22206	
Purpose of Expenditure Printing		Category/ Type <input type="text"/>	
Name of Federal Candidate: PELOSI, NANCY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		<input type="text"/> 604.96	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 351.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 / /
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 54 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42218 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; width: 100px;"></div>	
Name of Federal Candidate: PERRY, SCOTT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 10 State: PA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42219 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; width: 100px;"></div>	
Name of Federal Candidate: PORTER, KATHERINE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 45 State: CA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 55 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 20 / 2021</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>234.50</div> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.42220 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 30 / 2021</div> </div>	
Name of Federal Candidate: PORTMAN, ROB THE HONORA, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought <div>MM / DD / YYYY</div> <div>604.96</div> 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 20 / 2021</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>117.25</div> </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 	Transaction ID : SE.42221 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>09 / 30 / 2021</div> </div>	
Name of Federal Candidate: ROY, CHIP, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div>MM / DD / YYYY</div> <div>302.48</div> 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	351.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 351.75 </div> Transaction ID : SE.42222 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support RUBIO, MARCO, , , <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 907.44			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ 	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div> Transaction ID : SE.42224 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support SALAZAR, MARIA ELVIRA, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>27</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ 	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	 469.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 57 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div> Transaction ID : SE.42225 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support SCHRADER, KURT, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ 	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div> Transaction ID : SE.42226 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 30 / 2021 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		
Name of Federal Candidate: <input type="checkbox"/> Support SCHRIER, KIM DR., , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>WA</u>	
Calendar Year-To-Date Per Election for Office Sought 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ 	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 58 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
New report
Amends report filed on

M M /

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Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : SE.42227 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: SCHUMER, CHARLES E., , ,			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></div> 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">20</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 117.25 </div>	
City Arlington	State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 50px; height: 15px;"></div>	Transaction ID : SE.42228 Date of Disbursement or Obligation <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">M M /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">D D /</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">09</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">30</div> <div style="border: 1px solid black; padding: 2px; margin: 0 5px;">2021</div> </div>	
Name of Federal Candidate: SCHWEIKERT, DAVID S., , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px; height: 15px;"></div> 302.48			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 59 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

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Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">234.50</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42229 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: SINEMA, KYRSTEN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AZ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">2419.85</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">2419.85</div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42230 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: SLOTKIN, ELISSA, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: MI	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">302.48</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	351.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 60 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42231 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SPANBERGER, ABIGAIL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42232 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: STEEL, MICHELLE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 48 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">234.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 61 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42233 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Name of Federal Candidate: STEVENS, HALEY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.49</div>				

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42234 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; height: 20px;"></div>	
Name of Federal Candidate: TENNEY, CLAUDIA, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.49</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 62 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42235 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">09 / 30 / 2021</div>	
Name of Federal Candidate: TESTER, JON, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MT	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">302.49</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">09 / 20 / 2021</div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42236 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">09 / 30 / 2021</div>	
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">604.97</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">09 / 20 / 2021</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 63 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		Amount 234.50	
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 604.96			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Arlington		State VA	Zip Code 22206		
Purpose of Expenditure Printing		Category/ Type 		Amount 117.25	
Name of Federal Candidate: UNDERWOOD, LAUREN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 302.49			Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			 351.75		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 64 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42239 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	Name of Federal Candidate: VALADAO, DAVID, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">302.49</div>	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> State: CA District: 21	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 2800 Shirlington Rd			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">117.25</div>	
City Arlington	State VA	Zip Code 22206	Transaction ID : SE.42240 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Printing		Category/ Type	Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">302.49</div>	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> State: TX District: 24	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	234.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 65 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
City Arlington		State VA		Zip Code 22206	
Purpose of Expenditure Printing			Category/ Type <input type="text" value=""/>		
Name of Federal Candidate: WAGNER, ANN L., ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<input type="text" value=""/>		
Office Sought: <input checked="" type="checkbox"/> House District: 02			<input type="checkbox"/> President <input type="checkbox"/> Senate State: MO		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			<input type="checkbox"/> Other (specify) ▶		
Amount <input type="text" value=""/>			Transaction ID : SE.42241		
Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>			Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
Full Name of Payee The Lukens Company			<input type="checkbox"/> Memo Item		
Mailing Address 2800 Shirlington Rd			Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
City Arlington		State VA		Zip Code 22206	
Purpose of Expenditure Printing			Category/ Type <input type="text" value=""/>		
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			<input type="text" value=""/>		
Office Sought: <input type="checkbox"/> House District: 00			<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: GA		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General			<input type="checkbox"/> Other (specify) ▶		
Amount <input type="text" value=""/>			Transaction ID : SE.42242		
Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>			Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
(a) SUBTOTAL of Itemized Independent Expenditures <input type="text" value=""/> 469.00					
(b) SUBTOTAL of Unitemized Independent Expenditures <input type="text" value=""/>					
(c) TOTAL Independent Expenditures <input type="text" value=""/>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		
			Date <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 66 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Lukens Company	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
Mailing Address 2800 Shirlington Rd	Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">117.26</div> Transaction ID : SE.42243 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City</td> <td style="width: 20%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>Arlington</td> <td>VA</td> <td>22206</td> </tr> </table>		City	State	Zip Code	Arlington	VA	22206
City		State	Zip Code				
Arlington	VA	22206					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Purpose of Expenditure Printing</td> <td style="width: 50%;">Category/Type</td> </tr> <tr> <td></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Purpose of Expenditure Printing	Category/Type					
Purpose of Expenditure Printing	Category/Type						
Name of Federal Candidate: <input type="checkbox"/> Support WILD, SUSAN, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">302.50</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
Mailing Address 1745 Suburban Drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">39.60</div> Transaction ID : SE.42064 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City</td> <td style="width: 20%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>De Pere</td> <td>WI</td> <td>54115</td> </tr> </table>		City	State	Zip Code	De Pere	WI	54115
City		State	Zip Code				
De Pere	WI	54115					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Purpose of Expenditure Postage</td> <td style="width: 50%;">Category/Type</td> </tr> <tr> <td></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Purpose of Expenditure Postage	Category/Type					
Purpose of Expenditure Postage	Category/Type						
Name of Federal Candidate: <input type="checkbox"/> Support ALLRED, COLIN, , , <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX						
Calendar Year-To-Date Per Election for Office Sought	<div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">185.23</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">156.86</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 67 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Mail Haus			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere		State WI	Zip Code 54115		Transaction ID : SE.42065
Purpose of Expenditure Postage			Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: AXNE, CINDY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought			185.23 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere		State WI	Zip Code 54115		Transaction ID : SE.42066
Purpose of Expenditure Postage			Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: AYOTTE, KELLY A, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought			476.49 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			79.20		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 68 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere		State WI	Zip Code 54115		Amount 39.60
Purpose of Expenditure Postage			Category/Type 		Transaction ID : SE.42067 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: BACON, DONALD J, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>
Calendar Year-To-Date Per Election for Office Sought			185.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere		State WI	Zip Code 54115		Amount 79.20
Purpose of Expenditure Postage			Category/Type 		Transaction ID : SE.42068 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: BENNET, MICHAEL F., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought			516.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures				118.80	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 69 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>		
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42069 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Postage		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>		
Name of Federal Candidate: BICE, STEPHANIE, , ,			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: OK		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>		
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42070 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure Postage		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>		
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div> (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures..... (c) TOTAL Independent Expenditures </div> <div style="text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">79.20</div> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 70 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>			
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">39.60</div>			
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42071 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>			
Purpose of Expenditure Postage		Category/ Type		<div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> </div>		
Name of Federal Candidate: BOEBERT, LAUREN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">185.23</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>			
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">39.60</div>			
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42072 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>			
Purpose of Expenditure Postage		Category/ Type		<div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"> </div>		
Name of Federal Candidate: BOURDEAUX, CAROLYN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">185.23</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">79.20</div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;"> </div> </div> </div>						
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;"> </div> </div> </div>						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 71 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42073 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: BURR, RICHARD M, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">330.87</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42075 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: BUSTOS, CHERI, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 72 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere		State WI	Zip Code 54115		Amount 39.60
Purpose of Expenditure Postage			Category/Type 		Transaction ID : SE.42076 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: CARTER, JOHN R. REP., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>31</u> State: <u>TX</u>
Calendar Year-To-Date Per Election for Office Sought			185.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere		State WI	Zip Code 54115		Amount 39.60
Purpose of Expenditure Postage			Category/Type 		Transaction ID : SE.42079 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: CARTWRIGHT, MATTHEW A., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <u>08</u> State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought			185.23		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			79.20		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 73 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42080 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: CASTEN, SEAN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">79.20</div> Transaction ID : SE.42082 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">370.46</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	118.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 74 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere		State WI	Zip Code 54115		Amount 39.60
Purpose of Expenditure Postage			Category/Type 		Transaction ID : SE.42083 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: CRAIG, ANGELA DAWN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MN</u>		
Calendar Year-To-Date Per Election for Office Sought			185.23 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere		State WI	Zip Code 54115		Amount 39.60
Purpose of Expenditure Postage			Category/Type 		Transaction ID : SE.42084 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: CRIST, CHARLIE JOSEPH, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought			185.23 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				79.20	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 75 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere		State WI	Zip Code 54115		Amount 39.60
Purpose of Expenditure Postage			Category/Type 		Transaction ID : SE.42086 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: DAVIDS, SHARICE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: KS		
Calendar Year-To-Date Per Election for Office Sought			185.23 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere		State WI	Zip Code 54115		Amount 39.60
Purpose of Expenditure Postage			Category/Type 		Transaction ID : SE.42087 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: DEFAZIO, PETER A, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR		
Calendar Year-To-Date Per Election for Office Sought			185.23 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures				79.20	
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed] Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 76 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42088 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: DELGADO, ANTONIO, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 19 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42089 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: FISCHBACH, MICHELLE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 77 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42090 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type		
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42091 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type		
Name of Federal Candidate: GARAMENDI, JOHN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 78 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
City De Pere	State WI	Zip Code 54115	Amount 39.60		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.42093 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2021		
Name of Federal Candidate: GARBARINO, ANDREW, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 02 State: NY		
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
City De Pere	State WI	Zip Code 54115	Amount 39.60		
Purpose of Expenditure Postage		Category/ Type 	Transaction ID : SE.42094 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2021		
Name of Federal Candidate: GARCIA, MICHAEL, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 25 State: CA		
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			79.20		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date MM / DD / YYYY 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 79 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 39.60 </div> Transaction ID : SE.42095 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: GIMENEZ, CARLOS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 39.60 </div> Transaction ID : SE.42096 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: GOLDEN, JARED, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: ME	
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 79.20 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 80 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42097 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: GONZALES, ERNEST ANTHONY TONY, , , II			Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42099 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: GONZALEZ, VICENTE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 81 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end; align-items: center;"> 39.60 </div> Transaction ID : SE.42100 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: GOOD, ROBERT G., , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u> <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ 	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end; align-items: center;"> 39.60 </div> Transaction ID : SE.42101 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: GOTTHEIMER, JOSH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u> <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ 	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	 79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 82 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
 New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">09</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">20</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2021</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">118.80</div> Transaction ID : SE.42102 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">09</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">16</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2021</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: GRASSLEY, CHARLES E, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">555.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">09</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">20</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2021</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">79.20</div> Transaction ID : SE.42103 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">D D /</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">09</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">16</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">2021</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">555.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	198.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 83 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
City De Pere		State WI	Zip Code 54115	Amount <input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>	
Purpose of Expenditure Postage			Category/ Type <input style="width: 40px; border: 1px solid black;" type="text" value="99"/>	Transaction ID : SE.42104 Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Name of Federal Candidate: HERRELL, STELLA YVETTE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>	
Calendar Year-To-Date Per Election for Office Sought <input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	2022	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
City De Pere		State WI	Zip Code 54115	Amount <input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>	
Purpose of Expenditure Postage			Category/ Type <input style="width: 40px; border: 1px solid black;" type="text" value="99"/>	Transaction ID : SE.42105 Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Name of Federal Candidate: ARENHOLZ, ASHLEY HINSON, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IA</u>	
Calendar Year-To-Date Per Election for Office Sought <input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	2022	
(a) SUBTOTAL of Itemized Independent Expenditures			▶	<input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			▶	<input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>	
(c) TOTAL Independent Expenditures			▶	<input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]	Date <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 84 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee The Mail Haus			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42107		
Purpose of Expenditure Postage		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2021		
Name of Federal Candidate: HORSFORD, STEVEN ALEXZANDER, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42108		
Purpose of Expenditure Postage		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2021		
Name of Federal Candidate: HUDSON, RICHARD L. JR., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			79.20		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 11 / 20 / 2021	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 85 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1745 Suburban Drive				Amount <input type="text"/>	
City De Pere	State WI	Zip Code 54115		Transaction ID : SE.42109	
Purpose of Expenditure Postage			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: JOHNSON, RON HAROLD MR., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			555.69	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1745 Suburban Drive				Amount <input type="text"/>	
City De Pere	State WI	Zip Code 54115		Transaction ID : SE.42110	
Purpose of Expenditure Postage			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: KELLY, MARK, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AZ</u>	
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>			1363.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 86 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 39.60 </div> Transaction ID : SE.42111 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: KIM, YOUNG, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 39 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought <input type="checkbox"/> Support <input type="checkbox"/> Oppose			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 185.23 </div>				

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 39.60 </div> Transaction ID : SE.42112 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: KIND, RONALD JAMES, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: flex-end;"> 185.23 </div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 87 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶
 New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42113 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: LAMB, CONOR, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42114 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: LAXALT, ADAM, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">555.69</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 88 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee The Mail Haus <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42115 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2021		
Purpose of Expenditure Postage		Category/ Type 			
Name of Federal Candidate: LEE, SUSIE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42116 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2021		
Purpose of Expenditure Postage		Category/ Type 			
Name of Federal Candidate: LEVIN, MIKE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			79.20		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date MM / DD / YYYY 11 / 20 / 2021	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 89 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Mail Haus			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere		State WI	Zip Code 54115		Transaction ID : SE.42117
Purpose of Expenditure Postage			Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: LURIA, ELAINE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA		
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere		State WI	Zip Code 54115		Transaction ID : SE.42118
Purpose of Expenditure Postage			Category/Type 		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021
Name of Federal Candidate: MACE, NANCY, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought 185.23			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			79.20		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 90 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42119 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure Postage			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: MALINOWSKI, TOM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42120 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Purpose of Expenditure Postage			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Name of Federal Candidate: MALLIOTAKIS, NICOLE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">79.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 91 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">79.20</div> Transaction ID : SE.42121 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: MANCHIN III, JOE, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">370.46</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div> Transaction ID : SE.42122 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: MCSALLY, MARTHA, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1402.65</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	118.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 92 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42123 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: MILLER-MEEKS, MARIANNETTE JANE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought 185.23 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42124 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: MURPHY, STEPHANIE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought 185.23 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	 79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 M M / D D / Y Y Y Y Y Y
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 93 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42125 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: NEHLS, TROY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42126 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: O'HALLERAN, TOM, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 94 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42127 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: OWENS, BURGESS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT	
Calendar Year-To-Date Per Election for Office Sought 185.23 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42128 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: PAPPAS, CHRIS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought 185.23 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ 79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶
(c) TOTAL Independent Expenditures	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 95 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
Mailing Address 1745 Suburban Drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">79.20</div> Transaction ID : SE.42129 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City</td> <td style="width: 20%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>De Pere</td> <td>WI</td> <td>54115</td> </tr> </table>		City	State	Zip Code	De Pere	WI	54115
City		State	Zip Code				
De Pere	WI	54115					
Purpose of Expenditure Postage							
Name of Federal Candidate: <input type="checkbox"/> Support PELOSI, NANCY, , , <input checked="" type="checkbox"/> Oppose							
Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA							
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶						

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
Mailing Address 1745 Suburban Drive	Amount <div style="border: 1px solid black; padding: 2px; text-align: right; margin-top: 5px;">39.60</div> Transaction ID : SE.42130 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">City</td> <td style="width: 20%;">State</td> <td style="width: 40%;">Zip Code</td> </tr> <tr> <td>De Pere</td> <td>WI</td> <td>54115</td> </tr> </table>		City	State	Zip Code	De Pere	WI	54115
City		State	Zip Code				
De Pere	WI	54115					
Purpose of Expenditure Postage							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support PERRY, SCOTT, , , <input type="checkbox"/> Oppose							
Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA							
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶						

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">118.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;"></div>
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 96 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42131 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type		
Name of Federal Candidate: PORTER, KATHERINE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 45 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 79.20 </div> Transaction ID : SE.42132 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type		
Name of Federal Candidate: PORTMAN, ROB THE HONORA, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ 118.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶
(c) TOTAL Independent Expenditures	▶

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 97 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee The Mail Haus <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>		
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42133 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Postage		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>		
Name of Federal Candidate: ROY, CHIP, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">118.80</div>		
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42134 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Postage		Category/ Type	<div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> </div>		
Name of Federal Candidate: RUBIO, MARCO, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">555.69</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">158.40</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 98 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1745 Suburban Drive				Amount <input type="text"/> 39.60	
City De Pere	State WI	Zip Code 54115		Transaction ID : SE.42135	
Purpose of Expenditure Postage			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: SALAZAR, MARIA ELVIRA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>27</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought			<input type="text"/> 185.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1745 Suburban Drive				Amount <input type="text"/> 39.60	
City De Pere	State WI	Zip Code 54115		Transaction ID : SE.42136	
Purpose of Expenditure Postage			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: SCHRADER, KURT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OR</u>	
Calendar Year-To-Date Per Election for Office Sought			<input type="text"/> 185.23	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 / /

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 99 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
City De Pere		State WI	Zip Code 54115	Amount <input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>	
Purpose of Expenditure Postage			Category/ Type <input style="width: 20px; border: 1px solid black;" type="text" value="99"/>	Transaction ID : SE.42137 Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Name of Federal Candidate: SCHRIER, KIM DR., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WA	
Calendar Year-To-Date Per Election for Office Sought			<input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>		
City De Pere		State WI	Zip Code 54115	Amount <input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>	
Purpose of Expenditure Postage			Category/ Type <input style="width: 20px; border: 1px solid black;" type="text" value="99"/>	Transaction ID : SE.42138 Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	
Name of Federal Candidate: SCHUMER, CHARLES E., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			<input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures			<input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>		
(c) TOTAL Independent Expenditures			<input style="width: 100px; border: 1px solid black;" type="text" value="99.99"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]	Date <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/> <input style="width: 20px; border: 1px solid black;" type="text" value="YYYY"/>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 100 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">39.60</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42139 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SCHWEIKERT, DAVID S., ,			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">79.20</div>	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42140 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Postage		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SINEMA, KYRSTEN, ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">1481.85</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">118.80</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 101 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42141 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: <input type="checkbox"/> Support SLOTKIN, ELISSA, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42142 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/ Type 		
Name of Federal Candidate: <input type="checkbox"/> Support SPANBERGER, ABIGAIL, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;">185.23</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;">79.20</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"></div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

MM / DD / YYYY

11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 102 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42143 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/Type 		
Name of Federal Candidate: <input type="checkbox"/> Support STEVENS, HALEY, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MI	
Calendar Year-To-Date Per Election for Office Sought 185.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item The Mail Haus			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 1745 Suburban Drive			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 39.60 </div> Transaction ID : SE.42144 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 16 / 2021 </div>	
City De Pere	State WI	Zip Code 54115		
Purpose of Expenditure Postage		Category/Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support STEEL, MICHELLE, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: 48 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought 185.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 103 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ C C00530766
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 Check if ☐ 24-hour report ☐ 48-hour report ☒ New report Amends report filed on / /

Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1745 Suburban Drive				Amount <input type="text"/> 39.60	
City De Pere	State WI	Zip Code 54115		Transaction ID : SE.42145	
Purpose of Expenditure Postage			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: TENNEY, CLAUDIA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>	
Calendar Year-To-Date Per Election for Office Sought			<input type="text"/> 185.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>	
Mailing Address 1745 Suburban Drive				Amount <input type="text"/> 39.60	
City De Pere	State WI	Zip Code 54115		Transaction ID : SE.42146	
Purpose of Expenditure Postage			Category/ Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>	
Name of Federal Candidate: TESTER, JON, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>MT</u>	
Calendar Year-To-Date Per Election for Office Sought			<input type="text"/> 185.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 79.20
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<input type="text"/>
(c) TOTAL Independent Expenditures	<input type="text"/>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 / /
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 104 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on MM / DD / YYYY	

Full Name of Payee The Mail Haus <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021	
Mailing Address 1745 Suburban Drive		Amount 39.60	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42147
Purpose of Expenditure Postage		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2021
Name of Federal Candidate: TILLIS, THOM R. SEN., , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u>
Calendar Year-To-Date Per Election for Office Sought 370.47		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee The Mail Haus <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021	
Mailing Address 1745 Suburban Drive		Amount 79.20	
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42148
Purpose of Expenditure Postage		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2021
Name of Federal Candidate: TOOMEY, PATRICK JOSEPH, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>PA</u>
Calendar Year-To-Date Per Election for Office Sought 370.46		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	118.80
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , , [Electronically Filed]

Signature _____ Date MM / DD / YYYY
11 / 20 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 105 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee The Mail Haus			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42149 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2021		
Purpose of Expenditure Postage		Category/ Type 	Name of Federal Candidate: UNDERWOOD, LAUREN, , ,		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL		
Calendar Year-To-Date Per Election for Office Sought		185.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 1745 Suburban Drive			Amount 39.60		
City De Pere	State WI	Zip Code 54115	Transaction ID : SE.42152 Date of Disbursement or Obligation MM / DD / YYYY 09 / 16 / 2021		
Purpose of Expenditure Postage		Category/ Type 	Name of Federal Candidate: VALADAO, DAVID, , ,		
		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA		
Calendar Year-To-Date Per Election for Office Sought		185.24	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			79.20		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date MM / DD / YYYY 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 106 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 40px; border: 1px solid black;" type="text" value="YYYYYY"/>	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 40px; border: 1px solid black;" type="text" value="YYYYYY"/>
Mailing Address 1745 Suburban Drive			Amount <input style="width: 60px; border: 1px solid black;" type="text" value="99.99"/>		Transaction ID : SE.42153
City De Pere		State WI	Zip Code 54115	Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 40px; border: 1px solid black;" type="text" value="YYYYYY"/>	
Purpose of Expenditure Postage			Category/ Type <input style="width: 40px; border: 1px solid black;" type="text" value="0000"/>		
Name of Federal Candidate: VAN DUYN, ELIZABETH ANN, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
			District: 24 State: TX		
Calendar Year-To-Date Per Election for Office Sought			<input style="width: 60px; border: 1px solid black;" type="text" value="99.99"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 40px; border: 1px solid black;" type="text" value="YYYYYY"/>
Mailing Address 1745 Suburban Drive			Amount <input style="width: 60px; border: 1px solid black;" type="text" value="99.99"/>		Transaction ID : SE.42154
City De Pere		State WI	Zip Code 54115	Date of Disbursement or Obligation <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 40px; border: 1px solid black;" type="text" value="YYYYYY"/>	
Purpose of Expenditure Postage			Category/ Type <input style="width: 40px; border: 1px solid black;" type="text" value="0000"/>		
Name of Federal Candidate: WAGNER, ANN L., , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate
			District: 02 State: MO		
Calendar Year-To-Date Per Election for Office Sought			<input style="width: 60px; border: 1px solid black;" type="text" value="99.99"/>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%; text-align: right;"> <p><input style="width: 60px; border: 1px solid black;" type="text" value="99.99"/></p> <p><input style="width: 60px; border: 1px solid black;" type="text" value="99.99"/></p> <p><input style="width: 60px; border: 1px solid black;" type="text" value="99.99"/></p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> <input style="width: 20px; border: 1px solid black;" type="text" value="MM"/> / <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> <input style="width: 20px; border: 1px solid black;" type="text" value="DD"/> / <input style="width: 40px; border: 1px solid black;" type="text" value="YYYYYY"/>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 107 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere	State WI	Zip Code 54115	Amount 118.80		
Purpose of Expenditure Postage		Category/ Type 	Transaction ID : SE.42155 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021		
Name of Federal Candidate: WARNOCK, RAPHAEL, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: GA		
Calendar Year-To-Date Per Election for Office Sought 555.69			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee The Mail Haus			<input type="checkbox"/> Memo Item		
Mailing Address 1745 Suburban Drive			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City De Pere	State WI	Zip Code 54115	Amount 39.60		
Purpose of Expenditure Postage		Category/ Type 	Transaction ID : SE.42156 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 16 / 2021		
Name of Federal Candidate: WILD, SUSAN, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: 07 State: PA		
Calendar Year-To-Date Per Election for Office Sought 185.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			158.40		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 108 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41909		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: ALLRED, COLIN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 32 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41910		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: AXNE, CINDY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 109 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41911 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: AYOTTE, KELLY A, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41913 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: BACON, DONALD J, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NE</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 110 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 20 2021 </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 291.26 </div> Transaction ID : SE.41918 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 01 2021 </div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/Type 		
Name of Federal Candidate: <input type="checkbox"/> Support BENNET, MICHAEL F., , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought 291.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 20 2021 </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 145.63 </div> Transaction ID : SE.41919 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> <div style="display: flex; justify-content: space-between;"> 09 01 2021 </div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/Type 		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support BICE, STEPHANIE, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>05</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>OK</u>	
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	436.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 111 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41921 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: BIDEN, JOSEPH R JR, , ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41922 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: BOEBERT, LAUREN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 112 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div>		
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41923 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div>		
Purpose of Expenditure Mail Production			Category/ Type		
Name of Federal Candidate: BOURDEAUX, CAROLYN, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>GA</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►			2022		

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div>		
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41925 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">09</div> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div>		
Purpose of Expenditure Mailer Production			Category/ Type		
Name of Federal Candidate: BURR, RICHARD M, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NC</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►			2022		

(a) SUBTOTAL of Itemized Independent Expenditures	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

Signature

[Electronically Filed]

Date

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2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 113 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41927 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate: BUSTOS, CHERI, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41929 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div>	
Name of Federal Candidate: CARTER, JOHN R. REP., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 31 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;">291.26</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶ <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 114 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41931 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: CARTWRIGHT, MATTHEW A., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>08</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41933 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: CASTEN, SEAN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <u>06</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 115 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 291.26		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41935 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: NV		
Calendar Year-To-Date Per Election for Office Sought 291.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41937 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: CRAIG, ANGELA DAWN, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Senate District: 02 State: MN		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			436.89		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 116 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41939		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: CRIST, CHARLIE JOSEPH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>13</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41941		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: DAVIDS, SHARICE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>KS</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 117 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41943 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: DEFAZIO, PETER A, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 04 State: OR		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount 145.63		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.41945 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: DELGADO, ANTONIO, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 19 State: NY		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures 291.26					
(b) SUBTOTAL of Unitemized Independent Expenditures..... 					
(c) TOTAL Independent Expenditures 					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 118 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41947 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: FISCHBACH, MICHELLE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41949 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: FLETCHER, ELIZABETH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">291.26</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 119 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on MM / DD / YYYY	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41950		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2021		
Name of Federal Candidate: GARAMENDI, JOHN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>03</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41952		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation MM / DD / YYYY 09 / 01 / 2021		
Name of Federal Candidate: GARBARINO, ANDREW, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date MM / DD / YYYY 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 120 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41954 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GARCIA, MICHAEL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 25 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41956 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GIMENEZ, CARLOS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 26 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 121 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41958		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: GOLDEN, JARED, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>ME</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41960		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: GONZALES, ERNEST ANTHONY TONY, , , II			Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
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Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 122 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/ Type	Transaction ID : SE.41962 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GONZALEZ, VICENTE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 15 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/ Type	Transaction ID : SE.41964 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GOOD, ROBERT G., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 123 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41966 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GOTTHEIMER, JOSH, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">436.89</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41968 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: GRASSLEY, CHARLES E, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	582.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

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Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 124 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">291.26</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41970 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: HASSAN, MARGARET WOOD, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">436.89</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">436.89</div>	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41972 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>	
Name of Federal Candidate: HERRELL, STELLA YVETTE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NM	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	436.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 125 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41974 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	Name of Federal Candidate: ARENHOLZ, ASHLEY HINSON, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> State: IA District: 01	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41976 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	Name of Federal Candidate: HORSFORD, STEVEN ALEXZANDER, , ,	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> House <input type="checkbox"/> State: NV District: 04	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 126 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41978		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: HUDSON, RICHARD L. JR., , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NC</u>		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 436.89		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41980		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: JOHNSON, RON HAROLD MR., , ,			Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>WI</u>		
Calendar Year-To-Date Per Election for Office Sought 436.89			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			582.52		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 127 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">728.16</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41982 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">728.16</div>	
Name of Federal Candidate: KELLY, MARK, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41985 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
Name of Federal Candidate: KIM, YOUNG, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 39 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	873.79
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 128 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41986 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: KIND, RONALD JAMES, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: WI	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41988 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: LAMB, CONOR, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 17 <input type="checkbox"/> President <input type="checkbox"/> Senate State: PA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 129 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41990 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: LAXALT, ADAM, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">436.89</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">436.89</div>	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41992 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> M M / D D / Y Y Y Y Y Y </div>	
Name of Federal Candidate: LEE, SUSIE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 03 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NV	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>			<div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">291.26</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 130 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

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Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41994 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: LEVIN, MIKE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.41997 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: LURIA, ELAINE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 131 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support MACE, NANCY, , , <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>01</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SC</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: <input type="checkbox"/> Support MALINOWSKI, TOM, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NJ</u>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

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Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 132 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42003 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: MALLIOTAKIS, NICOLE, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 11 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">291.26</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42005 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: MANCHIN III, JOE, , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: WV	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	436.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 133 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 21850 Inglewood Ct.					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City Ashburn		State VA	Zip Code 20148		Amount 145.63
Purpose of Expenditure Mailer Production			Category/ Type		Transaction ID : SE.42006 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: MCSALLY, MARTHA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought			873.79		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 21850 Inglewood Ct.					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City Ashburn		State VA	Zip Code 20148		Amount 145.63
Purpose of Expenditure Mailer Production			Category/ Type		Transaction ID : SE.42007 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: MILLER-MEEKS, MARIANNETTE JANE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought			145.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures					291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date
					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 134 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42009 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Purpose of Expenditure Mailer Production		Category/ Type 	Name of Federal Candidate: MURPHY, STEPHANIE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 145.63		Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL			
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
Full Name of Payee Tradewinds Consulting, Inc. <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42011 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Purpose of Expenditure Mailer Production		Category/ Type 	Name of Federal Candidate: NEHLS, TROY, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought 145.63		Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX			
		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			
<div style="display: flex; justify-content: space-between;"> <div> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="border: 1px solid black; padding: 5px; width: 250px;"> <p>291.26</p> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 135 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42012 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: O'HALLERAN, TOM, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42014 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: OWENS, BURGESS, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: 04 <input type="checkbox"/> President <input type="checkbox"/> Senate State: UT </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			2022		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;">291.26</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; text-align: right;"> </div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			<div style="display: flex; justify-content: space-between;"> <div> [Electronically Filed] </div> <div> Date </div> </div>		
			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">20</div> <div style="border: 1px solid black; padding: 2px;">2021</div> </div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 136 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42016 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: PAPPAS, CHRIS, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate State: NH	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">291.26</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42018 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: PELOSI, NANCY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 12 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	436.89
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 137 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount <input type="text" value="145.63"/>		
Purpose of Expenditure Mailer Production		Category/ Type <input type="text"/>	Transaction ID : SE.42020 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 01 / 2021		
Name of Federal Candidate: PERRY, SCOTT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 10 State: PA		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="145.63"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		
Mailing Address 21850 Inglewood Ct.			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 09 / 20 / 2021		
City Ashburn	State VA	Zip Code 20148	Amount <input type="text" value="145.63"/>		
Purpose of Expenditure Mailer Production		Category/ Type <input type="text"/>	Transaction ID : SE.42022 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 09 / 01 / 2021		
Name of Federal Candidate: PORTER, KATHERINE, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 45 State: CA		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="145.63"/>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="291.26"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text"/>		
(c) TOTAL Independent Expenditures			<input type="text"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date <input type="text" value="MM/DD/YYYY"/> 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 138 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 291.26		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42024		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: PORTMAN, ROB THE HONORA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 291.26			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42026		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: ROY, CHIP, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			436.89		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 139 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">436.89</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42027 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: RUBIO, MARCO, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>FL</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">436.89</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42029 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SALAZAR, MARIA ELVIRA, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div> <div> Office Sought: <input checked="" type="checkbox"/> House District: <u>27</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>FL</u> </div> </div>	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	582.52
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 140 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42031		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: SCHRADER, KURT, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 05 State: OR		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.63		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42033		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: SCHRIER, KIM DR., , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 08 State: WA		
Calendar Year-To-Date Per Election for Office Sought 145.63			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.26		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 141 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M /

D D /

Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42035 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SCHUMER, CHARLES E., , ,			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.63</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42037 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: SCHWEIKERT, DAVID S., , ,			Office Sought: <input checked="" type="checkbox"/> House District: 06 <input type="checkbox"/> President <input type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.26
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 142 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report Amends report filed on <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> 09 / 20 / 2021 </div> </div>	
Mailing Address 21850 Inglewood Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> 291.26 </div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42039 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> 09 / 01 / 2021 </div> </div>
Purpose of Expenditure Mailer Production		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>	
Name of Federal Candidate: SINEMA, KYRSTEN, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: 00 State: AZ	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> 1165.05 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> 09 / 20 / 2021 </div> </div>	
Mailing Address 21850 Inglewood Ct.		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> 145.63 </div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42040 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> 09 / 01 / 2021 </div> </div>
Purpose of Expenditure Mailer Production		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>	
Name of Federal Candidate: SLOTKIN, ELISSA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: 08 State: MI	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> 145.63 </div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> 436.89 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <div style="display: flex; justify-content: space-between;"> M M / D D / Y Y Y Y Y Y </div> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

11 / 20 / 2021

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 143 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 145.63 </div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/ Type	Transaction ID : SE.42042 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 01 / 2021 </div>	
Name of Federal Candidate: SPANBERGER, ABIGAIL, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 145.64 </div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/ Type	Transaction ID : SE.42044 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 01 / 2021 </div>	
Name of Federal Candidate: STEVENS, HALEY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>11</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MI</u>	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	291.27
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 144 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 21850 Inglewood Ct.					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City Ashburn		State VA	Zip Code 20148		Amount 145.64
Purpose of Expenditure Mailer Production			Category/ Type		Transaction ID : SE.42047
Name of Federal Candidate: TENNEY, CLAUDIA, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Date of Disbursement or Obligation
Calendar Year-To-Date Per Election for Office Sought			145.64		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Office Sought:			<input checked="" type="checkbox"/> House <input type="checkbox"/> President		District: 22 State: NY
Disbursement For:			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2022
Other (specify) ▶					
Full Name of Payee Tradewinds Consulting, Inc.			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 21850 Inglewood Ct.					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City Ashburn		State VA	Zip Code 20148		Amount 145.64
Purpose of Expenditure Mailer Production			Category/ Type		Transaction ID : SE.42049
Name of Federal Candidate: TESTER, JON, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Date of Disbursement or Obligation
Calendar Year-To-Date Per Election for Office Sought			145.64		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Office Sought:			<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate		District: 00 State: MT
Disbursement For:			<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		2022
Other (specify) ▶					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">291.28</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; padding: 5px;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , , Signature			[Electronically Filed]		Date
			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">11</div></div> <div><div style="border: 1px solid black; padding: 2px;">20</div></div> <div><div style="border: 1px solid black; padding: 2px;">2021</div></div> </div>

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 145 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.64</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42050 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TILLIS, THOM R. SEN., , ,	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">291.27</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">291.26</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42051 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose TOOMEY, PATRICK JOSEPH, , ,	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">291.26</div>		Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: PA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures	▶	436.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 146 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.64</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42055 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">145.64</div>	
Name of Federal Candidate: UNDERWOOD, LAUREN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: IL	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.64</div>	
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42056 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: right;">145.64</div>	
Name of Federal Candidate: VALADAO, DAVID, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 21 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">291.28</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 147 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC				FEC IDENTIFICATION NUMBER ▼ C C00530766	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report Amends report filed on M M / D D / Y Y Y Y Y Y	
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.64		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42058		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: VAN DUYNE, ELIZABETH ANN, , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought 145.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2021		
Mailing Address 21850 Inglewood Ct.			Amount 145.64		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42059		
Purpose of Expenditure Mailer Production		Category/ Type 	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 01 / 2021		
Name of Federal Candidate: WAGNER, ANN L., , ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>MO</u>		
Calendar Year-To-Date Per Election for Office Sought 145.64			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures			291.28		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			 		
(c) TOTAL Independent Expenditures			 		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Gross, Jennifer, , ,		[Electronically Filed]		Date M M / D D / Y Y Y Y Y Y 11 / 20 / 2021	
Signature					

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 148 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 436.89 </div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.42060 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 01 / 2021 </div>	
Name of Federal Candidate: <input type="checkbox"/> Support WARNOCK, RAPHAEL, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>GA</u>	
Calendar Year-To-Date Per Election for Office Sought 436.89 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 20 / 2021 </div>	
Mailing Address 21850 Inglewood Ct.			Amount <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> 145.64 </div>	
City Ashburn	State VA	Zip Code 20148		
Purpose of Expenditure Mailer Production		Category/ Type 	Transaction ID : SE.42061 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> <div style="display: flex; justify-content: space-between;"> 09 / 01 / 2021 </div>	
Name of Federal Candidate: <input type="checkbox"/> Support WILD, SUSAN, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House District: <u>07</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>PA</u>	
Calendar Year-To-Date Per Election for Office Sought 145.64 			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	582.53
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,

[Electronically Filed]

Date

 MM / DD / YYYY
 11 / 20 / 2021

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 149 OF 149
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) WOMEN SPEAK OUT PAC			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00530766 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item Tradewinds Consulting, Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 21850 Inglewood Ct.		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">145.64</div>		
City Ashburn	State VA	Zip Code 20148	Transaction ID : SE.42157 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure Mailer Production		Category/ Type		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Name of Federal Candidate: STEEL, MICHELLE, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 48 <input type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">145.64</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		
City	State	Zip Code	Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure		Category/ Type		<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">145.64</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">31155.56</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gross, Jennifer, , ,
 Signature

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y